0933-247Pus1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

sert Title:	Method and kit fo	r detecting	a risk for diabe	tes or a met	abolic syndrom	e		
ll in Appropriate								
formation -	forth above and/or the f The specification w				as			
or Use Without	United States Appl	ication Number						
sert Priority formation: f appropriate)	and amended on _					(if applicable	and/or	
	the specification w	as filed on					as PCI and was	
	International Appli amended on	ication Number					plicable)	
	amended by any amend I acknowledge the	ment referred to do not believe the described in any cation, that the se, that the invente is more than two relegal representations priority ben isted below and of the application of the application.	se information which is	material to pate	entability as defined finited States of Amer ore my or our invented United States of ubject of an inventorica on an application to this application to the United S119(a)-(d) of any fopplication for patent	l in Title 37, Co	de of Fed our inven nore than than one ty ed before or my le pplication a prior to n(s) for pa ificate hav	eral
	(Number)	(Country)		(Month/Day/	/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Day/	/Year Filed)	☐ Yes	□ No	
	I hereby claim the benef	• • • • • • • • • • • • • • • • • • • •	, United States Code, §1	19(e) of any Unite	ed States provisional	applications(s) li	sted belov	I.
sert Provisional pplication(s): f any)	(Application Number)			(Filing Da	ite)			
	(Application Number)			(Filing Da	nte)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
nsert Requested nformation: if appropriate)	Country		Application Number		Date of Filing (Mon	th/Day/Year)		
	I hereby claim the bene continuation-in-part ap disclosed in the prior U Code, §112, I acknowl Federal Regulations, § international filing date	efit under Title 3 plication(s) liste nited States and edge the duty to 1.56 which beca of this applicati	35, United States Code, d below and, insofar a for PCT application in the disclose information warme available between on.	§120 of any Units the subject mathe manner proviously which is material the filing date of	ed States and/or PC tter of each of the cl ded by the first para to the patentability of the prior applica	T application(s), aims of this app graph of Title 35, as defined in Tit tion and the na	including lication is United So le 37, Cod tional or	for not ates le of PCT
sert Prior U.S. pplication(s): any)	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandor	ed)	
age 1 of 2 tev. 05/2004)	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandor	ed) ·	

Attorney Docket No. _

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

				D + 000+		
Full Name of First or Sole Inventor Insert Name of This Document is Signed	GIVEN NAME/FAMILY NAME Jukka SALONEN	INVENTOR'S SIGNATURE		g-Juv∈-os		
Insert Residence Insert Citizenship →	Residence (City, State & Country) Kuopio, FINLAND		CITIZENSHIP Finnish			
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Honkasaarentie 14, FI-70100 KUOPIO, FINLAND					
	HOHRASAATEHETE 14, 11 ,0100 HOH			D. A. Willet		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Mia PIRSKANEN	INVENTOR'S SIGNATURE		9-UNE-US		
2-00	Residence (City, State & Country) Kuopio, FINLAND		CITIZENSHIP Finnish			
,	MAILING ADDRESS (Complete Street Address Vuorikatu 34 A 22, FI-70100 KUOPIC	including City, State & Country)), FINLAND				
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Inventor, if any:	Tomi-Pekka TUOMAINEN		CITIZENCLUI	9-1-00-209		
	Residence (City, State & Country) Kuopio, FINLAND		CITIZENSHIF	. /		
MAILING ADDRESS (Complete Street Address including City, State & Country)						
	Louhikonkatu 35, FI-70800 KUOPIO,	FINLAND		- · ·		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHII			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		<u> </u>		
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHI	P		
				DATE:		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHI	P		
	MAILING ADDRESS (Complete Street Address including City, State & Country)					

Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE



0933-0247 PUS1 Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Method and kit for detecting a risk for diabetes or a metabolic syndrome							
Fill in Appropriate	forth above and/or	the following:	hereto. If not attached he	• •	•	•	number as set	
Information -	The specification	on was filed on					as	
For Use Without Specification	United States Application Number				(if applicable) and/or			
Attached:	the specification was filed on			as PCT				
	the specification was filed on International Application Number				; and was			
	amended on _					(if ap	plicable)	
Insert Priority	amended by any an I acknowledge Regulations, §1.56. I do not know thereof, or patented year prior to this applicadate of this applicadate of this application by me o I hereby claim or inventor's certifica filing date before the Prior Foreign Application prior to the prior foreign Application prior foreign Application prior foreign Application prior foreign Application prior foreign Applications.	endment referredent the duty to discussed and do not believed for described in application, that the investigns more than certificate on this remy legal represendent foreign priority bate listed below as hat of the application(s)	e the same was ever known printed publication in e same was not in publication in the publication in the same was not been patern foreign to the Unit twelve months (six monts invention has been filed natives or assigns, excepenefits under Title 35, Und have also identified betten on which priority is contained the same and the same also identified betten on which priority is contained.	is material to pay when any country be cruse or on sale inted or made the ted States of An this for designs) pay it as follows. The states Code elow any foreign claimed:	united States of Americe fore my or our invention in the United States of subject of an inventor nerica on an application forior to this application foreign to the United S e, §119(a)-(d) of any for application for patent o	in Title 37, Co ca before my or ion thereof or n America more s certificate issue on filed by me	de of Federal our invention nore than one than one year ted before the or my legal pplication for a prior to this n(s) for patent ificate having	
Information:	20022178	Finland		12/11/2002		\square		
(if appropriate)	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Day/Year Filed)		Yes	No No	
	I hereby claim the b	enefit under Title	35, United States Code, §	119(e) of any Uni	ted States provisional a	pplications(s) lis	sted below.	
Insert Provisional Application(s): (if any)	(Application Numb	er)		(Filing D	Pate)			
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Month	/Day/Year)		
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United St Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Cod Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or international filing date of this application.						lication is not United States e 37. Code of	
Insert Prior U.S.								
Application(s): (if any)	(Application Number	er)	(Filing Date)		(Status - patented, per	nding, abandone	ed)	
Page 1 of 2 (Rev. 05/2004)	(Application Number	er)	(Filing Date)		(Status - patented, per	nding, abandone	ed)	
						102)	/	

Attorney	Docket	N	ο.	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to: CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 Facsimile: (703) 205-8050

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Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date this Document is Signed	GIVEN NAME/FAMILY NAME Faisel YUNUS	INVENTORESCHATURE	•	DATE* 18.7, 2005			
insert Residence insert Citizenship →	Residence (City, State & Country) Lahore, PAKISTAN PKX	74-14-	CITIZENSHII Pakist				
nsert Post Office: Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) 10-F/A Model Town, 54000 LAHORE, PAKISTAN						
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)	,	CITIZENSHII				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII				
·	MAILING ADDRESS (Complete Street Address including City, State & Country)						
full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIE				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					
full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIF	,			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					

Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE